

Shared Work Participant Status Change Request Form

The Shared Work Participant Status Change Request Form **must** be used to **immediately** notify the Shared Work Administrative Unit of employee's no longer participating in the Shared Work Program.

Status Changes:

- Plan removal could be due to a quit, discharge, lack of work, change in full-time work status, and voluntary or employer removal from the Shared Work Plan.
- Participants permanently separated from your company must be deleted from the Shared Work Plan.
- Participants who will be laid off more than four (4) weeks without a determined return to work date should also be removed from the Shared Work Plan.

Please complete **all** information listed on this form and fax to the Shared Work Administrative Unit at (360) 902-9260.

SHARED WORK PARTICIPANT STATUS CHANGE REQUEST FORM			
Company Name and Location	Employment Security (ES) Reference Number		Date
Employee Name	Employee Social Security Number (SSN)	Reason For Separation: Quit (Q) Discharged (D) Laid Off (LO)	Date of Separation
Example: Doe, John Q	123-45-6789	LO	04/03/04
01.			
02.			
03.			
04.			
05.			
06.			
07.			
08.			
09.			
10.			